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**From:** Miracle, Meriah <mmiracle@co.humboldt.ca.us>  
**Sent:** Wednesday, February 20, 2019 9:16 AM  
**To:** Will, Gina  
**Cc:** Miracle, Meriah  
**Subject:** Meriah Miracle - Town of Paradise EOC - EMMA Request #4411 - Camp Fire reimbursement  
**Attachments:** Camp Fire MOA - Town of Paradise, Humboldt County and Humboldt County Department of Health & Human Services.pdf; Meriah Miracle - EMMA Forms 1A and 1B - Request #4411 Camp Fire Nov 2018.pdf; Meriah Miracle - EMMA Form 4 Exit Survey.pdf; Meriah Miracle - EMMA Form 5 Individual Demobilization Checkout.pdf; Meriah Miracle - ICS 225 Position Performance Rating Form.pdf; Meriah Miracle - ICS 214s Nov 28-Dec 4, 2018.pdf; Meriah Miracle - Timecard Dec 2-15, 2018.pdf; Meriah Miracle - Timecard corrections - Nov 28-Dec 1 Camp Fire Mutual Aid.pdf; Miracle Direct Deposit receipt 12-2-18 to 12-15-18 - Redacted.pdf; Meriah Miracle - Expense Voucher Nov 28-Dec 4 2018.pdf; Meriah Miracle - Enterprise Rental Car Receipt 12-6-18.pdf; Meriah Miracle - Gas receipts - Butte County fire response Nov 28-Dec 4 2018.pdf; Meriah Miracle - Expense reimbursement check stub.pdf; Meriah Miracle - FEMA\_Cost\_Summary\_Worksheets.xlsx

Good morning,

Please see Camp Fire EMMA reimbursement paperwork for Meriah Miracle attached. I will mail the hard copies of the signed MOA today. Please let me know if you need any additional documentation from me.

Wishing you all the best,

Meriah Miracle

Public Education Officer

Humboldt County Department of Health & Human Services

707-441-5417

## PRE/POST-EVENT AGREEMENT

### MEMORANDUM OF AGREEMENT (MOA) BETWEEN Humboldt County Department of Health & Human Services AND THE TOWN OF PARADISE PERTAINING TO ASSISTANCE PROVIDED UNDER THE EMERGENCY MANAGEMENT MUTUAL AID (EMMA) PLAN

*NOTE: Use of such an agreement does not guarantee state or federal reimbursement.*

**WHEREAS**, this event and associated conditions will collectively be referred to as the Camp Fire; and

**WHEREAS**, on November 08, 2018, this declared emergency event consists of fire and damages associated with response; and

**WHEREAS**, the following extreme conditions existed including, unpredictable winds, low humidity and drought which aided the Camp Fire that has swept through the Town of Paradise killing at least 88 people, burning thousands of acres, and destroying thousands of homes and businesses, power poles, public buildings and infrastructure, public safety communications and telephone lines; and

**WHEREAS**, on November 08, 2018 the Federal Emergency Management Agency (FEMA) announced that federal disaster assistance has been made available to the state of California to supplement local response and recovery efforts in the areas affected by wildfires and the associated; and

**WHEREAS**, the Emergency Management Mutual Aid Plan delineates the current state policy concerning Emergency Management Mutual Aid; and

**WHEREAS**, the Emergency Management Mutual Aid Plan describes the standard procedures used to acquire emergency management mutual aid resources and the method to ensure coordination of emergency management mutual aid planning and readiness; and

**WHEREAS**, the city emergency manager is the Operational Area Emergency Management Mutual Aid Coordinator; and

**WHEREAS**, Emergency Management Mutual Aid Plan provides, in pertinent part, "When an emergency develops or appears to be developing which cannot be resolved by emergency management resources within an Operational Area, it is the responsibility of the Operational Area Mutual Aid Coordinator to provide assistance and coordination to control the problem;" and

**WHEREAS**, the Emergency Management Mutual Aid Plan provides, in pertinent part, "A request for emergency management mutual aid requires the approval of an authorized official of the requesting jurisdiction;" and

**WHEREAS**, the Emergency Operations Director of the Town of Paradise requested the mutual aid assistance of Humboldt County Department of Health & Human Services, pursuant to the Emergency Management Mutual Aid Plan to provide emergency management support in connection with the Camp Fire; and

**WHEREAS**, Humboldt County Department of Health & Human Services provided emergency management mutual aid consisting of emergency management personnel, equipment, and/or materials from November 28,

Emergency Management Mutual Aid Plan

2018 through December 4, 2018 to assist with emergency management services in connection with the Camp Fire; and

**WHEREAS, Humboldt County Department of Health & Human Services** agrees to document all of its mutual aid assistance costs related to the Camp Fire as attachments to this MOA and submit to the Town of Paradise as soon as practicable;

**NOW, THEREFORE, IT IS HEREBY AGREED** by and between the Town of Paradise and Humboldt County Department of Health & Human Services that the Town of Paradise shall reimburse all reasonable costs associated with Humboldt County Department of Health & Human Services emergency management mutual aid assistance during the Camp Fire.

**Providing Jurisdiction**

By W.F. Hunsal  
(Signature)

Name: William F. Hunsal  
Title: SHERIFF  
County: HUMBOLDT  
Date: 2/6/19

**Providing Agency (If different from Providing Jurisdiction)**

By Connie Beck  
(Signature)

Name: Connie Beck  
Title: Director  
Agency: DHHS - Humboldt  
Date: 2-11-19

**Requesting Jurisdiction**

By \_\_\_\_\_  
(Signature)

Name: Lauren Gill  
Title: EOC Director  
City: Town of Paradise  
Date:

**DEFINITIONS**

**Authorized Official:** A person with expressed authority by a legal governing body to request resources, authorize purchases, and/or enter into contracts on behalf of a Requesting or Providing Jurisdiction during an emergency.

**EMMA Resource:** A person with a combination of training, experience and credentials that would serve in an ICS position, either in the field or an EOC, or as a technical specialist during an emergency response.

**Operational Area (OA):** An intermediate level of the state emergency services organization consisting of a county and all political subdivisions within the county area.

**Providing Agency/Jurisdiction:** The government entity providing EMMA resources. The different levels of providing jurisdictions include providing local jurisdiction, providing OA and providing region.

**Requesting Jurisdiction:** The government entity requesting EMMA resources. The different levels of requesting jurisdictions include requesting local jurisdiction, requesting OA and requesting region.

# EMMA

Incident: 2018-10-08 Camp Fire

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## EMMA Form 1A - EMMA RESOURCE REQUEST

### TO BE COMPLETED BY REQUESTING JURISDICTION

Submit completed and signed form to next SEMS level EMMA Coordinator. A corresponding RIMS Mission Request must also be submitted in order for this request to be processed. If RIMS access is not available, the appropriate EMMA Coordinator may create the RIMS Mission Request on the requestor's behalf.

Request #: 4411

Incident Name: 2018 November Wildfires

Request Date / Time: 11/26/2018 10:57:26

Approved Mission / Tracking  
#:

### Requesting Jurisdiction Information

Requesting Jurisdiction Name: Town of Paradise  
24 Hours Phone Number: 5308792340  
EMMA Coordinator / Primary Point of Contact: Cy Cary  
Position / Title: Logistics Phone: 5308793908 Alt Phone:  
Fax: E-Mail: eoclogisticstop@gmail.com  
Alternate Point of Contact: Bryan Johnson  
Position / Title: Logistics Phone: 5308793908 Alt Phone:  
Fax: E-Mail: eoclogisticstop@gmail.com

### Resource Requested

Position: FILLED - Public Information Officer - Town of Paradise  
Quantity: 2  
Start Date/Time: 11/27/2018 08:00:00  
End Date/Time: 12/04/2018 08:00:00  
Shift: Day  
Security Clearance: No  
Tasks to be performed:  
Any special skills / certifications / licenses / credentials required? No

EMMA resource needs to bring the following equipment (Laptop, vehicle, personal protective equipment, etc.):

TASKS: serve as the central coordination point for all releases including social media, ensure public receives information about procedures, advisories, and other vital information. SKILLS: CSTI credential preferred. EQUIPMENT: bring vehicle, laptop, and follow EMMA packing list. Meals and lodging provided. ORDERED: through Post event MOU/MOA.

### Check-in Location Information

Check-in Location Address: 901 fir st chico  
Latitude / Longitude: 27.886386 / -80.517367  
24 Hour Phone Number: 6504445350  
Point of Contact Name: Cy Cary  
Point of Contact Title: Logistics  
Cell Phone: 5308793908  
Alt Phone:  
E-Mail: logisticstop@gmail.com

### Expected Working Conditions

Special health or environmental concerns in the assignment area? None  
Hardship living conditions (Lack of power or potable water, etc.)? sleeping on cots, community bath/shower  
Special housing / transportation instructions:

### Providing Jurisdiction Information

Providing Jurisdiction Name: Humboldt  
24 Hour Phone Number: 707-273-3500  
EMMA Coordinator / PRIMARY Point of Contact: Dorie Lanni  
Name:  
Position / Title: Humboldt - OP AREA - LOG Section Chief Phone: 707-273-3500 Alt Phone:  
Fax: E-Mail: dlanni@co.humboldt.ca.us  
Alternate Point of Contact (Optional):  
Position / Title: Phone: Alt Phone:  
Fax: E-Mail:



**EMMA Resource Candidate**☒ This Candidate has been Accepted.

Name: Meriah Miracle Cell: 707-296-5575 Alt Phone:  
E-Mail: mmiracle@co.humboldt.ca.us Available for the period specified in the corresponding EMMA Form 1A? No  
Able to perform requested tasks? Yes Security Clearance (If applicable)?  
Equipment needed for deployment is available? Yes Has been made aware of the expected working conditions? Yes  
Experience / EOC Position Credentials: t EOC  
Special Skills / Certifications / Licenses:  
Originating Location (City and County): Eureka, Humboldt County  
Estimated travel time to check-in location: 4.5 hour drive  
Special accommodations required:  
Emergency Contact Name:  
Relationship: Cell Phone: Alt Phone:  
Additional Comments Available Wednesday, November 28 at 1000.

**Providing Jurisdiction Information**

Providing Jurisdiction Name: Sonoma  
24 Hour Phone Number: 7073249410  
EMMA Coordinator / PRIMARY Point of Contact Name: Brentt L Blaser  
Position / Title: Sonoma - OP AREA - LOG Section Chief Phone: 7075656160 Alt Phone:  
Fax: E-Mail: Brentt.Blaser@gmail.com  
Alternate Point of Contact (Optional):  
Position / Title: Phone: Alt Phone:  
Fax: E-Mail:

**EMMA Resource Candidate**☒ This Candidate has been Accepted.

Name: Kelsey Scanlon Cell: Alt Phone:  
E-Mail: scanlonk@co.monterey.ca.us Available for the period specified in the corresponding EMMA Form 1A? Yes  
Able to perform requested tasks? Yes Security Clearance (If applicable)?  
Equipment needed for deployment is available? Yes Has been made aware of the expected working conditions? Yes  
Experience / EOC Position Credentials:  
Special Skills / Certifications / Licenses:  
Originating Location (City and County): Salinas, Monterey County  
Estimated travel time to check-in location: 5 hours 30 minutes  
Special accommodations required: None  
Emergency Contact Name:  
Relationship: Cell Phone: Alt Phone:  
Additional Comments entered int CalEOC by Sonoma County Staff, but the offer is being made by Monterey County. Monterey will need to complete the reimbursement application if they desire compensation.

**Providing Jurisdiction Information**

Providing Jurisdiction Name: Santa Clara  
24 Hour Phone Number:  
EMMA Coordinator / PRIMARY Point of Contact Name: Jay McAmis  
Position / Title: Santa Clara - OP AREA - LOG Personnel Phone: Office (408) 808-7803 Alt Phone:  
Fax: E-Mail:  
Alternate Point of Contact (Optional):  
Position / Title: Phone: Alt Phone:  
Fax: E-Mail:

**EMMA Resource Candidate**☒ This Candidate has been Accepted.

Name: Patty Eaton Cell: 408-386-3055 Alt Phone:  
E-Mail: patty.eaton@oes.sccgov.org Available for the period specified in the corresponding EMMA Form 1A? Yes

Able to perform requested tasks?	Yes	Security Clearance (If applicable)?	
Equipment needed for deployment is available?	Yes	Has been made aware of the expected working conditions?	Yes
Experience / EOC Position			
Credentials:			
Special Skills /			
Certifications / Licenses:			
Originating Location (City and County):	San Jose, Santa Clara County		
Estimated travel time to check-in location:	4 hours		
Special accommodations required:	N/A		
Emergency Contact Name:			
Relationship:		Cell Phone:	Alt Phone:
Additional Comments			

<b>Providing Jurisdiction Information</b>			
Providing Jurisdiction Name:	City of Costa Mesa / Costa Mesa Police Department		
24 Hour Phone Number:	714-628-7008		
EMMA Coordinator /			
PRIMARY Point of Contact Name:	Michelle Anderson		
Position / Title:	Deputy Emergency Management Director	Phone: 714-715-1316	Alt Phone:
Fax:		E-Mail: manderson@ocsd.org	
Alternate Point of Contact (Optional):			
Position / Title:		Phone:	Alt Phone:
Fax:		E-Mail:	
<b>EMMA Resource Candidate</b>			
Name:	Roxi Fyad	Cell: 714-313-2077	Alt Phone:
E-Mail:	RFYAD@costamesaca.gov	Available for the period specified in the corresponding EMMA Form 1A? Yes	
Able to perform requested tasks?	Yes	Security Clearance (If applicable)?	
Equipment needed for deployment is available?	Yes	Has been made aware of the expected working conditions?	Yes
Experience / EOC Position			
Credentials:			
Special Skills /			
Certifications / Licenses:			
Originating Location (City and County):	Costa Mesa, CA		
Estimated travel time to check-in location:	5pm, November 27, 2018		
Special accommodations required:			
Emergency Contact Name:			
Relationship:		Cell Phone:	Alt Phone:
Additional Comments	Flight to Sacramento/Drive to Paradise		

<b>Providing Jurisdiction Information</b>			
Providing Jurisdiction Name:	San Diego County		
24 Hour Phone Number:	8586889970		
EMMA Coordinator /			
PRIMARY Point of Contact Name:	Bennett Cummings		
Position / Title:	San Diego - OP AREA - LOG Personnel	Phone: 8585655594	Alt Phone:
Fax:		E-Mail: Bennett.cummings@sdcounty.ca.gov	
Alternate Point of Contact (Optional):			
Position / Title:		Phone:	Alt Phone:
Fax:		E-Mail:	
<b>EMMA Resource Candidate</b>			
Name:	Michelle Mowad	Cell: 6194814309	Alt Phone:
E-Mail:	michelle.mowad@sdcounty.ca.gov	Available for the period specified in the corresponding EMMA Form 1A? No	
Able to perform requested tasks?	Yes	Security Clearance (If applicable)?	
Equipment needed for deployment is available?	Yes	Has been made aware of the expected working conditions?	Yes
Experience / EOC Position			
Credentials:			
Special Skills /			
Certifications / Licenses:			

Originating Location (City and County): San Diego, San Diego  
 Estimated travel time to check-in location: 10 hour drive  
 Special accommodations required:  
 Emergency Contact Name:  
 Relationship: Cell Phone: Alt Phone:  
 Additional Comments Resource not available until Thursday, which would be for travel, with an EOC start of Friday 11/30.

#### Providing Jurisdiction Information

Providing Jurisdiction Name: Alameda  
 24 Hour Phone Number: 5105799759  
 EMMA Coordinator / PRIMARY Point of Contact Name: Domingo Cabrera  
 Position / Title: Alameda - OP AREA - LOG Resources (EF-07) Phone: 5105799759 Alt Phone:  
 Fax: E-Mail: dcabrerajr@acgov.org  
 Alternate Point of Contact (Optional):  
 Position / Title: Phone: Alt Phone:  
 Fax: E-Mail: cabreradj24@gmail.com

#### EMMA Resource Candidate

Name: Sharene Gonzales Cell: 209.598.5250 Alt Phone:  
 E-Mail: Sharene.Gonzales@acwd.com Available for the period specified in the corresponding EMMA Form 1A? Yes  
 Able to perform requested tasks? Yes Security Clearance (If applicable)?  
 Equipment needed for deployment is available? Yes Has been made aware of the expected working conditions? Yes  
 Experience / EOC Position Credentials:  
 Special Skills / Certifications / Licenses:  
 Originating Location (City and County): Fremont  
 Estimated travel time to check-in location:  
 Special accommodations required:  
 Emergency Contact Name:  
 Relationship: Cell Phone: Alt Phone:  
 Additional Comments Disaster response experience  
 ACWD PIO during an emergency response to a large sink hole.  
 ACWD PIO during an emergency response to flooding of a local creek.  
 Available 1-10 Days

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Originated by: elise.arata@caloes.ca.gov as Butte - OP AREA - LOG Section Chief  
 Originated date: 11/26/2018 10:56:21  
 Last Edited by: elise.arata@caloes.ca.gov as Butte - OP AREA - LOG Section Chief  
 Last Edited date: 11/26/2018 20:06:57

## EMMA FORM 4 - EXIT SURVEY

### EMMA System Evaluation

The information collected in this survey will be used during the after action review process to identify opportunities to strengthen the overall EMMA Plan. Please complete this form and return it to your requesting EMMA Coordinator and leave a copy with your assignment supervisor prior to departure.

#### Assignment Information:

Incident Name: 2018 November Wildfires  
 Assignment Location (EOC, Command Post, Field, etc.): EOC; JIC; Field  
 Position/Task: PIO: communications  
 Shift (Day / Night): Day  
 Assignment Dates: 11/28/18 - 12/4/18  
 Number of Shifts (In days, do not include travel): Seven

#### A. Mobilization Process:

- Alert Notification ☒ Excellent ☐ Good ☐ Poor
- Recruitment ☒ Excellent ☐ Good ☐ Poor
- Assignment Briefing ☒ Excellent ☐ Good ☐ Poor
- Comments (Attach an additional page if necessary):

#### B. Assignment Support:

- Travel Arrangements ☐ Excellent ☒ Good ☐ Poor
- EOC In-processing ☐ Excellent ☒ Good ☐ Poor
- Deployment Support Kit ☐ Excellent ☐ Good ☐ Poor
- SOPs/Forms ☐ Excellent ☒ Good ☐ Poor
- Comments (Attach an additional page if necessary): ☒ N/A

#### C. Demobilization Process:

- EOC Out-processing ☒ Excellent ☐ Good ☐ Poor
- Personal Expense Reimbursement ☐ Excellent ☐ Good ☐ Poor
- Post-Assignment Debriefing ☐ Excellent ☐ Good ☐ Poor
- Overall Experience ☒ Excellent ☐ Good ☐ Poor
- Comments (Attach an additional page if necessary):

#### D. General Comments/Suggestions

CHP accommodations were amazing.  
 Team 3 was professional, proficient and supportive.

## Emergency Management Mutual Aid Plan

**EMMA FORM 5 - INDIVIDUAL DEMOBILIZATION CHECKOUT**

1. Incident Name/Number 2018 November Wildfires	2. Date/Time (Of Release Notification) 12/2/18 1200	3. Arrival Date/Time 12/4/18 1730
4. Name of Released Meriah Miracle	5. Position of Released PIO	

(Returning via Airline Name &amp; Flight Number, POV...)

6. Transportation Type Rental car

7. Actual Release Date/Time  
12/4/18 12008. MRT # 4411  
(RIMS Mission Tasking Number)9. Destination (Location Agreed Upon)  
Eureka, CA10. Notified: Agency ☒ Region { } Area { } Dispatch { }

(check one, list information below)

Name: Heather Muller

Time: 1100

Date: 12/3/18

11. Cell Phone or Emergency Contact #

12. EMMA Coordinator Name (Providing Jurisdiction) Dorie Lanni

13. Unit/Personnel

You have been released subject to sign off from the following:

(Demobilization Unit Leader check the appropriate box)

## Logistics Section

## Comment and Sign Off

<input checked="" type="checkbox"/> EMMA Coordinator	EMMA Form 3 - Voluntary Performance Rating Copy Provided? Y N
<input checked="" type="checkbox"/> Supply Unit	EMMA Form 4 - Exit Survey Provided? Y N

☒ Communications Unit☒ Facilities Unit☒ Ground Support Unit

## Plans/Intel Section

## Comment and Sign Off

☒ Documentation Unit

## Finance/Admin Section

## Comment and Sign Off

☒ Time Unit

## Other

## Comment and Sign Off

{ }

{ }

14. Remarks

15. Prepared by (include Date and Time) Meriah Miracle



## CREDENTIALING ICS 225 – POSITION PERFORMANCE RATING FORM

## POSITION PERFORMANCE RATING FORM (ICS 225)

<b>Position Credentialing Incident Response and Exercise Performance Rating</b>  Revised ICS form 225		Instructions: The immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual who will sign and date the form. The individual who is being reviewed will retain this document so it may be used as documentation for position credentialing.					
Name: MERIAH MIRACLE		Incident/Exercise Name: CAMP FIRE					
Incident/Exercise Address: PARADISE, CA		Date(s) of Position Assignment: 11/28 - 12/4/18					
ICS Position Held: PIO		Agency Position: PUBLIC EDUCATION OFFICER					
Incident/Exercise Type: <input checked="" type="checkbox"/> Responding to a complex, multi-agency incident, actually filling the position <input type="checkbox"/> Filling the position in a multi-agency exercise <input type="checkbox"/> Mentoring under a person filling the position							
<b>Performance Levels</b>							
List main duties from the position checklist on which the position will be rated. Enter X appropriate column indicating the individual's level of performance for each duty listed		Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory	
SOCIAL MEDIA						X	
MEDIA		X					
PLAN DEVELOPMENT						X	
COMMUNICATION MONITORING						X	
PUBLIC MEETINGS						X	
MESSAGE PRODUCTION						X	
OVERALL JOB PERFORMANCE						X	
Remarks: MERIAH WAS VERY MOTIVATED AND HANDLED EACH ASSIGNMENT EFFICIENTLY.							
This rating has been discussed with me (signature of individual being rated)						Date: 12/4/18	

BRANDON VACCARO  
CALIFORNIA CITY F.D.

## Unit Log

Paradise EOC ICS 214

Incident Name: Camp Fire - Paradise EOC		Date/Time Prepared: 11/28/18 1747	Page 1 of 1
Operational Period: #18	Op Period: From: Date: 11/28/18 Time: 0600 To: Date: 11/30/18 Time: 0600		
Unit Name/Designator: P10	Unit Leader (Name & Position):		

## TIME

## Activity / Events

[illegible]

Prepared by: <u>Meriah Miracle</u>	Agency Name: <u>Humboldt County</u> <u>PHHS</u>	EOC Position: <u>PIO</u>
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## Unit Log

Paradise EOC ICS 214

Incident Name: Camp Fire - Paradise EOC		Date/Time Prepared: 11/29/18 1500	Page 1 of 1
Operational Period: #18	Op Period: From: Date: 11/28/18 Time: 0600 To: Date: 11/30/18 Time: 0600		
Unit Name/Designator: P10	Unit Leader (Name & Position): Brandon Vaccaro Lead P10		

## TIME

## Activity / Events

[illegible]

Prepared by: <i>Mervia Miracle</i>	Agency Name: <i>Humboldt County DHHS</i>	EOC Position: <i>P10</i>
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## Unit Log

Paradise EOC ICS 214

Incident Name: Camp Fire - Paradise EOC		Date/Time Prepared: 11/30/18 30	Page 1 of 1
Operational Period: #19	Op Period: From: Date: 11/28/18 Time: 0600 To: Date: 11/30/18 Time: 0600		
Unit Name/Designator: EOC PIO	Unit Leader (Name & Position): Matt Gates Lead PIO		

## TIME

## Activity / Events

[illegible]

Prepared by: <u>Meriah Miracle</u>	Agency Name: <u>Humboldt County DHHS</u>	EOC Position: <u>PIO</u>
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## Unit Log

Paradise EOC ICS 214

Incident Name: Camp Fire - Paradise EOC		Date/Time Prepared:	Page <u>1</u> of <u>1</u>
Operational Period: <u>#19</u>	Op Period: From: Date: <u>12/1/18</u> Time: 0600 To: Date: <u>12/2/18</u> Time: 0600		
Unit Name/Designator: <u>P10</u>	Unit Leader (Name & Position): <u>Matt Gates Lead P10</u>		

## TIME

## Activity / Events

[illegible]

Prepared by: <u>Meriah M. racle</u>	Agency Name: <u>Alameda County DHHS</u>	EOC Position: <u>PID</u>
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EOC UNIT LOG		1. Event Name	2. Date Prepared	3. Time Prepared
		Camp Fire	12/2/18	19:42
4. Section Name	5. Unit Leader / Section Chief		6. Operational Period	
P10	Matt Gates		#19 12/1/18 - 12/2/18	
7 Roster for Assigned EOC Branch Personnel				
Name	Position	Department / Agency		
Meriah Miracle	P10	Humboldt County DPHS		
8 Section I Unit Activity Log				
Time	Major Events			
0742	Checked into EOC			
0745	Breakfast			
0750	<del>in transit</del> Social media review			
0830	in transit to Butte County JIC			
0905	Checked in to Butte County JIC			
0930	JIC Briefing and transition planning; respond to Town of Paradise residents' emails; community relations; social media posts; community meeting planning for Tues. Dec 4; support development of Communications Plan			
<del>1115</del> 1610	Break			
1620	Resumed assignment in JIC			
1915	Checked out of Butte County JIC; in transit to Paradise EOC			
1950	Checked out of Paradise EOC			
9. Prepared by (Name and Position)				
Meriah Miracle, Humboldt County DPHS, P10				

## Unit Log

Paradise EOC ICS 214

Incident Name: Camp Fire - Paradise EOC		Date/Time Prepared: 12/3/18 1540		Page 1 of 1	
Operational Period: #19		Op Period: From: Date: 12/1/18 Time: 0600 To: Date: 12/3/18 Time: 0600			
Unit Name/Designator: P10		Unit Leader (Name & Position): Matt Gates, Lead P10			

## TIME

## Activity / Events

[illegible]

Prepared by: <u>Meriah Miracle</u>	Agency Name: <u>Humboldt County DHHS</u>	EOC Position: <u>P10</u>
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## Unit Log

Paradise EOC ICS 214

Incident Name: 2018 November Wildfires		Date/Time Prepared: 12/4/18 1000	Paradise EOC ICS 214 Page 1 of 1
Operational Period #: #20	Op Period Date From: 12/3/18 To: 12/4/18		
Unit Name/Designator: PIO	Unit Leader (Name & Position) Matt Gates Lead PIO		

## TIME

## Activity / Events

[illegible]

Prepared By: <u>Meriah Miracle</u>	Agency Name: <u>Humboldt County DHHs</u>	EOC Position: <u>P/O</u>
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Town of Paradise EOC ICS 214

NAME: Mariah Mearle DEPARTMENT OF HEALTH & HUMAN SERVICES TIMECARD

EMP # M3095 BRANCH: DHHS PAY PERIOD: 12/2 TO 12/15/18 FTE: 1.0

DIV/BU: Admin 1.511

DATE	TIME IN	Lunch Out/In	TIME OUT	REG HRS	Additional Hours			Benefit Hours Taken					HOL R/U/L	SHIFT DIFF	TOTAL HRS
					CTE	OT	HOL WRK'D	SICK	VAC	COMP	FSL/ FD	ADM/ UPL			
SU 12/2	745		750												12
M 12/3	730	1220-1235	630	8		3									11
T 12/4	600	1230-100	330	8		1									9
W 12/5		Holiday		8											8
TH 12/6	8	12-1	5	8											8
F 12/7	8	12-1	330	8											8
SA 12/8															18
SU 12/9															
M 12/10	8	12-1	5	8											8
T 12/11	8	12-1	5	8											8
W 12/12	8	12-1	5	8											8
TH 12/13	8	1220-120	240	7							1				8
F 12/14	8	12-1	5	8											8
SA 12/15															8
TOTALS				77		16									96

EMPLOYEE'S SIGNATURE: [Signature] Date: 12/12/18

SUPERVISOR'S SIGNATURE: [Signature] Date: 12/12/18

Employee's signature reflects accuracy of hours reported and Supervisors signature verifies

DHHS-01 (04/16/12)

Ove to FS 12/12

[illegible][illegible]



**Dept of Health & Human Services Payroll Correction Form**

Date: 12/7/18 Branch: Admin Budget Unit #: 511  
Employee Name: Meriah Miracle Employee #: M8095  
(Do not use SAL code or Dist #)

1. Actual Date of Occurrence: 11/28/18 PPE Date: 12/1/18  
# of hours & type of hours recorded on timecard or previous change: 8 regular  
(if shift differential occurred please include shift worked)  
Correct # of hours & type of hours that **should** have been recorded: 8 regular 2.5 OT  
(if shift differential occurred please include shift worked)  
Regular/Extra Help hours worked: From 7:30 am/pm To 3:30 am/pm  
Lunch time taken: From \_\_\_\_\_ am/pm To \_\_\_\_\_ am/pm  
If Overtime/Comp time occurred: From 3:30 am/pm To 6:00 am/pm  
Explanation of Overtime/Comp time: Butte County fire response - P10

**PLEASE ATTACH FAMILY SICK/DEATH FORM IF APPLICABLE**

Employee Signature: [Signature] Date: 12/7/18  
Supervisor Signature: [Signature] Date: 12-10-18  
DHHS - 26 (8/10/2012)

**Dept of Health & Human Services Payroll Correction Form**

Date: 12/7/18 Branch: Admin Budget Unit #: 511  
Employee Name: Meriah Miracle Employee #: M8095  
(Do not use SAL code or Dist #)

1. Actual Date of Occurrence: 11/29/18 PPE Date: 12/1/18  
# of hours & type of hours recorded on timecard or previous change: 8 regular  
(if shift differential occurred please include shift worked)  
Correct # of hours & type of hours that **should** have been recorded: 8 regular 3 OT  
(if shift differential occurred please include shift worked)  
Regular/Extra Help hours worked: From 07:10 am/pm To 3:10 am/pm  
Lunch time taken: From \_\_\_\_\_ am/pm To \_\_\_\_\_ am/pm  
If Overtime/Comp time occurred: From 3:10 am/pm To 6:10 am/pm  
Explanation of Overtime/Comp time: Butte County fire response - P10

**PLEASE ATTACH FAMILY SICK/DEATH FORM IF APPLICABLE**

Employee Signature: [Signature] Date: 12/7/18  
Supervisor Signature: [Signature] Date: 12-10-18  
DHHS - 26 (8/10/2012)

**Dept of Health & Human Services Payroll Correction Form**

Date: 12/7/18 Branch: Admin Budget Unit #: 511  
Employee Name: Meriah Miracle Employee #: M8095  
(Do not use SAL code or Dist #)

1. Actual Date of Occurrence: 11/30/18 PPE Date: 12/1/18  
# of hours & type of hours recorded on timecard or previous change: 8 regular  
(if shift differential occurred please include shift worked)  
Correct # of hours & type of hours that **should** have been recorded: 8 regular 3.5 OT  
(if shift differential occurred please include shift worked)  
Regular/Extra Help hours worked: From 6:50 am/pm To 2:50 am/pm  
Lunch time taken: From \_\_\_\_\_ am/pm To \_\_\_\_\_ am/pm  
If Overtime/Comp time occurred: From 2:50 am/pm To 6:30 am/pm  
Explanation of Overtime/Comp time: Butte County Fire Response - PIO

**PLEASE ATTACH FAMILY SICK/DEATH FORM IF APPLICABLE**

Employee Signature: [Signature] Date: 12/7/18  
Supervisor Signature: [Signature] Date: 12-7-18  
DHHS - 26 (8/10/2012)

**Dept of Health & Human Services Payroll Correction Form**

Date: 12/7/18 Branch: Admin Budget Unit #: 511  
Employee Name: Meriah Miracle Employee #: M8095  
(Do not use SAL code or Dist #)

1. Actual Date of Occurrence: 12/1/18 PPE Date: 12/1/18  
# of hours & type of hours recorded on timecard or previous change: 0  
(if shift differential occurred please include shift worked)  
Correct # of hours & type of hours that **should** have been recorded: 12.25 OT  
(if shift differential occurred please include shift worked)  
Regular/Extra Help hours worked: From \_\_\_\_\_ am/pm To \_\_\_\_\_ am/pm  
Lunch time taken: From \_\_\_\_\_ am/pm To \_\_\_\_\_ am/pm  
If Overtime/Comp time occurred: From 7:10 am/pm To 7:25 am/pm  
Explanation of Overtime/Comp time: Butte County fire response - PIO

**PLEASE ATTACH FAMILY SICK/DEATH FORM IF APPLICABLE**

Employee Signature: [Signature] Date: 12/7/18  
Supervisor Signature: [Signature] Date: 12-10-18  
DHHS - 26 (8/10/2012)

County of Humboldt

## DIRECT DEPOSIT RECEIPT

Period 1801026

MIRACLE, MERIAH LYNNE

Issue Date 12/21/2018

Federal		State		Status Exemption:		Payroll Period		Issue Date		Salary Range		Step	
S		3		S		1		12/02/2018		2,000.71		414	
												A	
Description		Hours		Rate		Amount		Description		Amount		DEDUCTIONS	
Department: 511 PM( 47031 ) 1160511/5110391B29/ A/1100/200/ /													
SALARY		79.00000		25.00888		1,975.70							
OVERTIME		1.66000		25.00888		41.51		PERS MISCELLANEOUS					
OVERTIME 1.5		35.84000		37.51332		1,344.48		DIRECT ACH DEPOSIT					
SICK ACCRUAL		3.69200						FEDERAL INCOME TAX					
VACATION ACCRUAL		3.69200						CA STATE INCOME TAX					
FAMILY SICK TAKEN		1.00000		25.00888		25.01		FICA					
								MEDICARE					
								STATE DISABILITY INS					
Total Hours		117.50000				Gross Pay						Total Deductions	
						3,386.70						3,386.70	

N) Tracking# 36218

Admin 15/1

1 / Budget Multiplier

(city) Eureka, CA 95501 (zip) 95501

G) Phone#:

16) Total Travel Expense

18) Total Due

i) *The travel expenses listed above were expended by me and were necessary in accordance with the Travel Policy of Humboldt County. The undersigned, under penalty of perjury, states that the items listed on the above claim are true and correct, that the amounts are properly due this claimant, that no items have been previously paid.*

Signature of Claimant 12/10/18 Date

Date \_\_\_\_\_

M) Financial Services



**From:** Meriah Miracle  
**To:** Miracle, Meriah  
**Subject:** Fwd: ENTERPRISE Rental Agreement 45Y7JY  
**Date:** Thursday, December 6, 2018 11:59:14 AM

---

----- Forwarded message -----

From: <DoNotReply@erac.com>  
Date: Wed, Dec 5, 2018 at 12:22 PM  
Subject: ENTERPRISE Rental Agreement 45Y7JY  
To:



RA #: 45Y7JY

Renter: MIRACLE, MERIAH

Dates & Times	Location
<b>Pickup</b> Nov 28, 2018 7:49 AM	<u>110 5TH STREET</u> <u>EUREKA, CA 95501-0328</u> 7074433366
<b>Return</b> Dec 05, 2018 12:20 PM	<u>110 5TH STREET</u> <u>EUREKA, CA 95501-0328</u> 7074433366

Vehicle	
Make/Model: TOYO/CORO	
Color: SILVER	
Mileage: 822	
Fuel Out: Full	Fuel In: Full
License: 8AGF979	
Unit #: 7PFK2D	Vehicle #: JC988667

Charges	Price/Unit	Total
TIME & DISTANCE 11/28 - 12/05	1 @ \$259.99/WEEK	\$259.99
TIME & DISTANCE 12/05 - 12/05	1 @ \$52.00/DAY	\$52.00
VEHICLE LICENSE RECOVERY FEE	8 @ \$1.40/DAY	\$11.20
SALES TAX	8.5000%	\$26.52
<b>Total Charges:</b>		<b>\$349.71</b>

Charge To:

2018-12-05 12:21:54



Meriah Miracle

Gas Receipts  
Butte County Fire Response  
11/29-12/14/18

WELCOME

OROVILLE VALERO

THANK YOU

HAVE A NICE DAY

Oroville CA

95965

DATE 11/29/18 11:16  
TRAN# 9035099  
PUMP# 03  
SERVICE LEVEL: SELF  
PRODUCT: UNLEADED  
GALLONS: 7.562  
PRICE/G: \$ 3.559  
FUEL SALE \$ 26.91  
CREDIT \$26.91

UISA

Entry Method: d  
Auth #: 029681  
Resp Code:  
Stan: 08392097580  
Invoice #: 827310  
Store # \*\*\*\*\*  
\*\*\*\*  
SITE ID: 627063  
TERMINAL ID: 002

THANK YOU  
HAVE A NICE DAY

Thanks You Shopping  
Quik Stop 2147  
1400 E Main St CA  
Woodland  
530-662-5077  
Term: 001458059  
Appr: 001980

Unld\_Regular 04  
PUMP 7.342  
VOLUME  
PRICE/G \$3.199  
GAS TOTAL \$23.49  
TAX \$0.00  
TOTAL \$23.49

12/01/2018 13:37:29

I agree to pay the  
above total Amount  
according to Card  
Issuer Agreement.

CIRCLEK 481EAST AVE, CHICO , CA 95926

HICO SUPER FOOD MAR  
19463985  
181EAST AVE  
HICO CA  
12/04/2018 861832765  
10:22:33 AM

INVOICE 102113  
AUTH 00-004216  
REF700361204181021  
PUMP# 2  
REGULAR 5.378G  
PRICE/GAL \$3.399  
FUEL TOTAL \$ 18.28  
REDIT \$ 18.28

COMPLETION  
AIPE Exp.Date: \*\*/\*\*  
atch: 70 Seq Num: 36  
erm ID: 2  
IP ENTERED  
orkstation ID: 00  
our opinion  
unts! Enter to  
in 1 of 68 \$25  
as gift cards!!!  
rovide feedback  
www.gasvisit.com

HENDERSON CENTER PATRIO

414 HARRIS ST

EUREKA CA 95501

12/05/2018 12:12

CREDIT CARD

VISA SALE

Card #  
Network:  
Chip Card: Visa Credit  
AID: A0000000031010  
ATC: 0016  
TC: 83499106DB691DA3  
SEQ #: 26  
Trans #: 1026  
Approval Code: 005680  
Entry Method: Chip Read  
Mode: Issuer

Product Qty Price Amount  
Unleaded 6.826G \$3.699 \$25.25

SALE AMOUNT \$25.25

THANK YOU

CUSTOMER COPY

^TEAR HERE^

INVOICE #	AMOUNT	ACCOUNT #	DESCRIPTION	
1128-120518	635.64		Disaster Work - CampFire	1160511

TOTAL CHECK \*\*\*\*\*635.64

COUNTY OF HUMBOLDT  
EUREKA, CALIFORNIA 95501

If necessary to inquire  
about this check, refer to

VNM101424  
VENDOR: (707) 476-2461 CHECK 922595  
PHONE: NUMBER

# CONTRACT WORK SUMMARY RECORD

Applicant	GPS N	FEMA ID	PW #	CDAAC Disaster #	FEMA Disaster #
Meriah Miracle					4407DR-CA
Location/Site	GPS W	CDAAC ID	Category	Period Covering	
Town of Paradise Emergency Operations Center - Chico, CA				11/28/2018 to	12/4/2018
Description of Work Performed:					

Dates Worked		Contractor	Billing/Invoice Number	Amount	Comments - Scope
11/28	to 12/4/2018	Meriah Miracle, Humboldt County Department of Health & Human Services		\$ 635.64	Expenses accrued - Town of Paradise EOC EMMA request and response - <i>see</i>
11/28	to 12/4/2018	Meriah Miracle, Humboldt County Department of Health & Human Services		\$ 1,000.00	Regular Wages earned - Town of Paradise EOC EMMA request and response [40
11/28	to 12/4/2018	Meriah Miracle, Humboldt County Department of Health & Human Services		\$ 1,385.98	Overtime Wages earned - Town of Paradise EOC EMMA request and response
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			Total This Page	\$ 3,021.62	
			Total Other Pages	\$ -	
			GRAND TOTAL	\$ 3,021.62	

I CERTIFY THAT THE ABOVE INFORMATION WAS TRANSCRIBED FROM PAYROLL RECORDS, VENDOR INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT

Certified

Title

Date \_\_\_\_\_

